

1939 MAY 22

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15575  
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 582  
(b) Township Jackson Primary Registration District No. 5779 Registered No. 19  
(c) City or Paris, Mo. (d) Street No. COUNTY INFIRMARY St. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Whelan

(a) Residence, No. COUNTY INFIRMARY Paris, Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 - 1862</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>FARMER</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1939</u>	
11. Total time (years) spent in this occupation <u>26</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST. LOUIS MO</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>ROSIE WHELAN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>James Whelan, Monroe City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL (Place, name of cemetery, etc.) DATE <u>4-24 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wilson &amp; Son, Monroe City Mo</u>		
20. FILED <u>4-23 1939</u> <u>F. A. Barnett, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1939

22. I HEREBY CERTIFY, That I attended deceased from April 22 1939 to April 22 1939  
I last saw him alive on April 22 1939 Death is said to have occurred on the date stated above, at 6 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction  
93

Other contributory causes of importance:

arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Geo. J. Kessler M. D.  
(Address) Paris, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number ~~10-39~~ 874

Date Filed MAY 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *W. J. Kelly*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Leslie R. Wilson*

Licensed Embalmer No. *3017*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.